

**REQUIRED DOCUMENTS FOR APPLICATION TO UPGRADE  
TO DUAL OPHTHALMIC DISPENSING LICENSE**

**Your application will not be reviewed by the Board unless all of the following documents are included WITH the application.**

- 1. Completed application.**
- 2. Notarization of application.**
- 3. Completion of “child support form” (regardless of whether or not you have children) including signature, date, and social security number.**
- 4. Completion of “waiver” form**
- 5. \$200 fee (check or money order made payable to the Nevada Board of Dispensing Opticians)**
- 6. Proof of completion of the following educational requirements:**
  - NCLE (current)**
  - Approved contact lens theory course**
  - Contact lens: 100 hours of instruction documented on contact lens training record**
- 7. The application and ALL other documents must be postmarked and mailed to the address below no later than 60 days prior to the exam date.**

**THERE ARE NO EXCEPTIONS.**

Nevada Board of Dispensing Opticians  
5565 Wedgewood Circle  
Sparks, NV 89436-3716

**NEVADA BOARD OF DISPENSING OPTICIANS**  
**APPLICATION FOR UPGRADE TO**  
**DUAL OPHTHALMIC DISPENSER LICENSE**

Name of Applicant: \_\_\_\_\_ Optical Lic. # \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I passed the Contact Lens Registry Examination on \_\_\_\_\_.  
(Copy of **current** NCLE attached.)

I completed 100 hours of contact lens instruction on \_\_\_\_\_.  
(Copy of completed contact training record signed by instructor(s) attached.)

I completed a Board-approved contact lens theory class on \_\_\_\_\_.  
(Certificate enclosed.)

Under penalty of perjury, I vouch for the truth and accuracy of all statements and answers made above.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public

## CHILD SUPPORT FORM

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Date



**STATE OF NEVADA**

**BOARD OF DISPENSING OPTICIANS**

5565 Wedgewood Circle, Sparks, NV 89436-3716 • Telephone 775 / 853-1421 • Fax 775 / 853-1408  
Email: [nvbdo@govmail.state.nv.us](mailto:nvbdo@govmail.state.nv.us) • Website: [www.opticalboard.state.nv.us](http://www.opticalboard.state.nv.us)

FROM: THE NEVADA BOARD OF DISPENSING OPTICIANS

TO: \_\_\_\_\_

RE: WAIVER OF RIGHT TO RECEIVE PERSONAL NOTICE UNDER  
NRS 241.33

The board intends to consider your character, alleged misconduct, professional competence or physical or mental health at its upcoming meeting.

Pursuant to Nevada Open Meeting Law provision NRS 241.033(1)(a) and (b), you are entitled to receive a personal notice of the time and place of meeting before the Board may consider the topics set forth above. The time frame for delivery of such notice to you is set forth in statute as follows:

- (a) Delivered personally to that person at least 5 working days before the meeting; or
- (b) Sent by certified mail to the last known address of that person at least 21 working days before the meeting.

For your convenience, in order to speed your ability to appear before the Board, you have the legal right to waive receipt of the personal notice within the time frames set forth in NRS 241.033. If you now wish to make such a waiver, please sign below and the Board will simply provide you with a verbal or written notice of the time and place of meeting, without being in any specific time frame other than before the meeting. This notice will reflect that your character, alleged misconduct, professional competence, or health will be discussed at the designated meeting.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print your name.

**NAME:** \_\_\_\_\_ **CONTACT LENS TRAINING RECORD**

<b>1. CONTACT LENS FITTING</b>		<b>2. FOLLOW UP</b>	
<b>HOURS SPENT</b>	<b>30 HOURS</b> <b>SUPERVISOR</b>	<b>HOURS</b>	<b>20 HOURS</b> <b>SUPERVISOR</b>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
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29.			
30.			

**COMMENTS:**

## CONTACT LENS TRAINING RECORD

### **3. INSTRUMENTATION                      20 HOURS**

<b>HOURS SPENT</b>	<b>SUPERVISOR</b>
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- 1.
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- 14.
- 15.
- 16.
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- 18.
- 19.
- 20.

### **5. FILLING PRESCRIPTIONS                      5 HOURS**

<b>HOURS SPENT</b>	<b>SUPERVISOR</b>
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- 1.
- 2.
- 3.
- 4.
- 5.

### **4. INSERTION AND REMOVAL    15 HOURS**

<b>HOURS SPENT</b>	<b>SUPERVISOR</b>
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- 14.
- 15.

### **6. INSPECTION                      10 HOURS**

<b>HOURS SPENT</b>	<b>SUPERVISOR</b>
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- 1.
- 2.
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- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**COMMENTS OR RECOMMENDATIONS:**

# **CONTACT LENS EXAM MATERIALS TO REVIEW**

1. All aspects of keratometer, knowing how to take K readings
2. Neutralizing hard and gas permeable lenses
3. Understanding the concepts and use of the radioscope
4. Purposes of the slit-lamp, understanding the concepts of the variety of illuminations
5. Anatomy and physiology of the eye
6. Identification of fluorescein patterns with rigid lens
7. Understanding lens materials and their uses
8. Identification of lens parameters to be used with different prescriptions
9. Identifying and understanding "with the rule" and "against the rule"
10. Identifying and understanding keratoconus
11. Lens designs and their applications
12. Identifying and treating progressive myopia
13. Over-refraction of the trial lens
14. Refitting of hydrogel and PMMA wearers
15. Nevada law
16. Identifying basic contact lens symptoms
17. Understanding a dry eye in relation to contact lenses
18. Identifying stippling, punctate staining, central staining, 39 staining and how it relates to contact lenses
19. Computing vertex distance
20. Transposing diopters to millimeters

## CONTACT LENS EXAMINATION REFERENCES

1. Contact Lens Practice  
Robert B. Mandell, O.D., PhD  
Charles c. Thomas, Publisher
2. General Ophthalmology  
D. Vaughan, M.D., T. Asbury, M.D.  
Lange Medical Publications
3. Biomicroscopy  
University of Pacific School of Optometry  
Portland, Oregon
4. A Step-by-Step Approach to Fitting Contact Lenses for Keratoconus  
Patrick J. Caroline  
University of Southern California  
Estelle Doheny Eye Foundation, Los Angeles, CA
5. Coast Vision Newsletter  
Consultants Corner  
Coast Vision  
18368 Enterprise Lane  
Huntington Beach, CA 92648
6. Multi-Focal Contact Lenses  
Ronald M. Akashi, M.D., Clinical Professor  
USC/SMO Doheny Eye Institute  
Source: CLAO
7. Tears and Contact Lenses  
Ronald H. Akashi, M.D., Clinical Professor  
USC/SMO Doheny Eye Institute  
S. Howard, PhD., Neuropharmacology, Associate Professor UCLA/SM  
Source: CLAO
8. RGP Lens Institute Symposium  
CLMA/RGPLI Video Library  
CLMA 2000 M St., N. W.  
Washington, D.C. 20036